

# ST. CROIX COUNTY INTERNSHIP & RIDE ALONG APPLICATION

## Identifying/Background Information

*Please type or use black ink and write legibly. Complete entire application.  
Return application to: Sheriff Department/Jail/Department Requested*

Full Name: \_\_\_\_\_  
(First) (Full Middle) (Last)

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Okay to call at work? ☐ Yes ☐ No

E-mail Address: \_\_\_\_\_ Drivers License State and Number: \_\_\_\_\_

In case of an emergency, notify: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If Intern, name of school: \_\_\_\_\_ School contact name/number: \_\_\_\_\_

\_\_\_\_\_ Will you receive course credit for time spent? \_\_\_\_\_

## Employment & Volunteer Experience

Agency/Organization	Position	Date Range	Contact Name & Number

## Interest Areas and Time Availability

Why would you like to do an internship/ride along with the Sheriffs Department? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What would you like to do/observe in this capacity? \_\_\_\_\_

\_\_\_\_\_

List any interests, knowledge, hobbies or special skills you can share that pertain to this field:

\_\_\_\_\_

\_\_\_\_\_

How many hours per week would you be available? \_\_\_\_\_ What are your scheduling preferences (days of the

week and times) \_\_\_\_\_

How did you hear about or become interested in the program? \_\_\_\_\_

### **References**

List three individuals (no more than one may be a family member) who can assess your employment, volunteer experience or give a character reference.

<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Relationship</b>

### **Criminal Record/Treatment History**

(The information requested is essential to conduct the record check. You are not legally required to supply this information. However, if you choose to withhold this information, a final decision on your application cannot be made.)

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Gender: ☐ Male ☐ Female Ethnicity: \_\_\_\_\_

List any other names by which you are known or have ever been known: \_\_\_\_\_

Have you ever been convicted of a law violation other than a minor traffic offense? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Date of probation/parole discharge or jurisdiction expiration: \_\_\_\_\_

Do you have any relatives or friends confined in the St. Croix County Jail? ☐ Yes ☐ No

If yes, please list name(s) and relationship(s): \_\_\_\_\_

Have you experienced drug/alcohol or mental health problems and/or received counseling or treatment for any of these problems? ☐ Yes ☐ No (You may wait to discuss details in a private interview.)

### **Additional Information**

Please list any additional information you feel would be of value in assessing your application for participation with the St. Croix County Sheriffs Department: \_\_\_\_\_

### **Acknowledgement And Permission To Conduct Record Check**

I declare that all of the information that I have provided is true and correct to the best of my knowledge. I understand that any false or misleading information given by me will disqualify me from consideration or result in my termination if discovered at a later date. I hereby give my permission for the St. Croix County Sheriffs Department to conduct a criminal record check on me and to obtain other reference information necessary for the purpose of assessing my volunteer application.

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

<b><u>Date application received :</u></b>	<b><u>Read and approved by:</u></b>
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### **NOTICE**

At this time, you are being provided with a copy of the Rules of Conduct Agreement, Confidentiality Agreement as well as the Release from Responsibility, Assumption of Risk and Waiver. These are being provided in advance so you can review them, determine your ability to meet the requirements and seek any legal advice. Upon acceptance by the Sheriff's Department into their Jail Intern and/or Ride Along program, you will be required to sign these forms in the presence of a witness.

#### **1. RULES OF CONDUCT AGREEMENT** *(Rules in italics apply specifically within the jail)*

1. I agree to follow and abide by all departmental policies, rules and regulations.
2. I agree to follow the instructions given me by the Sheriffs Department staff.
3. For my own safety and protection I shall refrain from giving *inmates* or other police contacts identifying information about myself such as last name, address, personal phone numbers and place of employment.
4. I agree to contact the Sheriffs Department staff with as much advance notice as possible if I cannot fulfill my commitment.
5. I understand that conditions within the jail or on patrol may make it necessary to cancel programs with very short notice.
6. I understand that I will not be allowed entrance to the jail or to participate with the patrol division to perform intern/ride along services if I am intoxicated or under the influence of any controlled substance.
7. I understand that my services as an intern may be terminated by the Sheriff and/or Captain (Jail and/or Patrol) at any time, without notice.
8. I will inform the appropriate supervisor or designee of any requests or other solicitations from inmates or anyone that has contact with the Sheriffs Department.
9. *I agree to participate in and satisfactorily complete orientation and training arranged by St. Croix County Jail before I will be allowed to participate in any intern activities.*
10. *I will never leave inmates unsupervised.*
11. *I will read and familiarize myself with inmate rules of conduct contained in the Inmate Handbook.*
12. *I will require all inmates to follow rules for inmate behavior and immediately report any inappropriate or disruptive behavior to Correctional Staff.*
13. *I will not voluntarily give testimony on behalf of inmates at any court proceedings including sentencing and release hearings.*
14. *I will not take anything from an inmate out of the facility. This includes, but is not limited to, mail or messages to friends, relatives, attorneys, Judges, etc.*
15. *I will not bring any personal property or medication into the secure perimeter of the jail.*
16. *I will contact Jail Staff about any supplies or materials needed.*

*17. If I have a medical condition which requires carrying medication at all times, arrangements must be made in advance with Jail Staff.*

*18. I understand that I may be searched upon entering the facility and refusal to allow the search will result in not being admitted and may result in termination of intern status.*

*19. I will not take any property, equipment or supplies out of the jail.*

The information contained in this agreement has been explained to me and I certify that I understand the contents. I agree to abide by the rules of conduct contained in this agreement. I further acknowledge that I have received a copy of the Guidelines for Participant/Intern.

I understand that any violation of rules set for the conduct of participants / interns may result in suspension and/or termination of my status.

I am aware of the nature of the patrol division, as well as the jail as a correctional facility, and will take due caution in the performance of my duties and will not hold the Sheriffs Department responsible for areas or events beyond reasonable control.

## **2. CONFIDENTIALITY AGREEMENT**

I understand all activities and information observed, overheard or resulting from my involvement as a volunteer or intern for the hosting program/department will be treated by me as confidential. I will not discuss this information with anyone outside the hosting program/department.

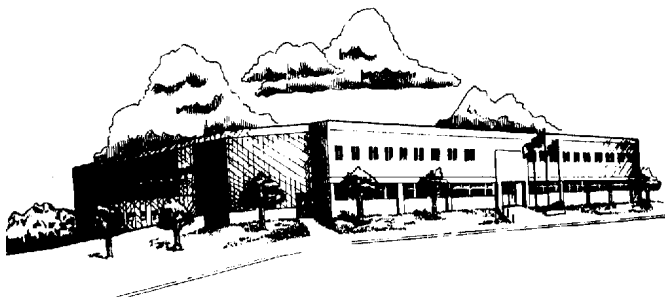
## **3. RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK AND WAIVER**

I exercise my own free choice to participate in the **jail intern, dispatch intern** or **patrol ride along** (circle all applying for) program. I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury, damage to or loss or destruction of any personal property occurring in connection with or arising out of participation in the above named activity.

I understand that I am not entitled to receive any compensation or any benefits of employment from St. Croix County including but not limited to, health care or Workers' Compensation benefits. In the event of an injury requiring medical care, I understand that my personal health insurance will be responsible for payment.

I hereby release and discharge, indemnify and hold harmless St. Croix County, their officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully and agree to be bound by them.



## **ST. CROIX COUNTY WISCONSIN**

### **OFFICE OF RISK MANAGEMENT**

ST. CROIX COUNTY GOVERNMENT CENTER

1101 Carmichael Road

Hudson, WI 54016-7710

(715) 381-4302 FAX (715) 381-4301

## **INTERNSHIPS and RIDE ALONG PARTICIPATION GENERAL INFORMATION AND GUIDELINES**

1. Use this application to apply for internships in the Jail or in Dispatch or to participate in a Patrol Ride Along.
2. Applicants must be eighteen (18) years of age or older.
3. Applicants who have been confined in the County Jail or any other jail or correctional facility within the preceding twelve (12) months cannot be accepted.
4. Prior criminal record shall be a determining factor in an applicant's acceptance, however, each application will be reviewed on its own merits.
5. Applicants must appear at the St. Croix County Sheriff's Department to complete the application process if requested.
6. Accepted Applicants must agree to abide by all departmental policies, rules and regulations and adhere to the regulations contained in the Internship and Ride Along Agreement. Failure to do so shall result in immediate termination of participant/intern status.
7. Participant/interns shall follow the instructions of jail/patrol/dispatch staff at all times.
8. All applicants selected for a Jail internship will participate in and complete orientation and training arranged by Jail Staff.
9. Once an application is approved, a member of the Sheriff's department will contact the applicant to discuss scheduling of an interview.